



Referral/Authorization Quick Reference Guide for Medicare Advantage

This is a resource tool for Medicare Advantage products. No guarantee of payment is implied. Use this guide as a quick reference tool, only. Consult the Medicare Advantage Provider Service Center at 888-609-0692 for further information.

SERVICE CATEGORY/POLICY	AUTHORIZATION/REFERRAL RULES	FORMS & OTHER RESOURCES
Bariatric Surgery	Authorization required	Bariatric Surgeries Prior Authorization Request Form
Breast Surgery	Authorization required	Breast Surgery Prior Authorization Form
Cardiac Rehabilitation Services	Referral required	
Cardiology <ul style="list-style-type: none"> • Cardiac Resynchronization Therapy (CRT) • Implantable Cardioverter Defibrillator (ICD) • Pacemaker Insertion • Echocardiography — transthoracic, transesophageal Echocardiography, and stress • Heart Catheterization 	Authorization required	Refer to the Evolent (formerly National Imaging Associates, Inc./NIA) website (www.radmd.com) or call Evolent at 800-642-7543.
Chiropractic Services	Referral required	
Cholecystectomy	Authorization required	Cholecystectomy Prior Authorization Request Form
Diabetes Management Devices/CGMS	Authorization required	DME Prior Authorization Request Form
Drugs, Medicare Part B Rx, and home infusion drugs including: <ul style="list-style-type: none"> • Antibiotics for treatment of Lyme Disease • Antiemetics: Aloxi; Anzemet; Emend • Immune Modulating Drugs: Kymriah, Onpattro, Orencia, Remicade, Rituxan, Stelara, Yescarta 	Authorization required for listed drugs	<ul style="list-style-type: none"> • Medical Benefit Drugs Prior Authorization Request Form (Aloxi, Anzemet, Emend) • Immune Modulating Drugs Prior Authorization Request Form (Orencia, Remicade, and Rituxan) • Prior Authorization Request Form (all others)
Durable Medical Equipment (DME)	Authorization required	<ul style="list-style-type: none"> • DME Prior Authorization Request Form • Diabetes Management Devices/CGMS

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End Stage Renal Disease (ESRD)	Referral required	
Eye Exams	Referral required except for annual eye exam	
Post-Acute Care Admissions for SNF, LTAC, and Acute Rehab <ul style="list-style-type: none"> Inpatient Rehabilitation/Long-Term Acute Care Hospital Services Skilled Nursing Facility and Subacute Care 	Authorization required	Post-Acute Care Admission for SNF, LTAC, and Acute Rehab Prior Authorization Request Form
Gastrointestinal Endoscopy – Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures	Authorization required	Prior Authorization Request Form
Genetic Testing (Molecular Diagnostic Management)	Authorization required	Molecular Diagnostic Management Authorization Policy
Hearing Exams	Referral required	
Hip Surgery	Prior authorization required	Hip/Knee/Shoulder Surgeries (HKSS) prior authorization policy
Home Infusion	Authorization required	Prior Authorization Request Form
Hysterectomy	Authorization required	Hysterectomy Prior Authorization Request Form
Implantable Neurostimulators	Authorization required	Implantable Neurostimulators Prior Authorization Request Form
Inpatient Hospital – Acute Medical	Prior authorization required for elective (non-urgent/emergent) admissions. Notification required for urgent/emergent admissions (within 48 hours of admission).	Prior Authorization Request Form
Inpatient Medical – Mental Health	Prior authorization required for elective admissions. Notification required for urgent/emergent admissions.	<ul style="list-style-type: none"> Prior Authorization Request Form Behavioral Health Authorization and Notification Policy
Inpatient services covered during a non-covered inpatient stay	Authorization required	Prior Authorization Request Form
Kidney Disease Education Services	Referral required	

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Medical Nutrition Therapy	Referral required	
Knee Surgery	Prior authorization required	Hip/Knee/Shoulder Surgeries (HKSS) prior authorization policy
Medical Transportation	<p>Prior authorization is required for ALL non-emergency medical transportation (NEMT), with the following exceptions:</p> <ul style="list-style-type: none"> • Ambulance transportation (air or ground) when both the origin and destination modifiers are H. See Table 1 in the Medical Transportation Medical Necessity Guidelines for accepted types of facilities for this modifier. • Ambulance transportation (air or ground) when the origin modifier is H and the destination modifier is N, or vice versa. See Table 1 in the Medical Transport Medical Necessity Guidelines for accepted types of facilities for these modifiers. • Curb-to-curb (C2C) transportation when covered by the Member's plan as a supplemental benefit. 	Transportation Prior Authorization Request Form
Non-routine Outpatient Mental Health	Authorization required	Behavioral Health Authorization and Notification policy
Non-routine Outpatient Substance Abuse Services	Authorization required	Behavioral Health Authorization and Notification policy
Non-routine Partial Hospitalization Substance Abuse Services	Authorization required	Behavioral Health Authorization and Notification policy
Inpatient Hospital – Observation Stays	Notification required for observational stays (within 48 hours of admission or the next business day).	

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Oncology and radiation oncology (outpatient)	Authorization required	Oncology Analytics conducts medical review of chemotherapeutic protocols (chemotherapy, support and symptom management drugs) and radiation treatment plans. Refer to criteria for more information. Request authorization via: https://oncohealth.us/ ; fax at 800-264-6128; or phone at 877-222-2021.
Outpatient Advanced Imaging	Authorization required	Evolut manages the prior authorization program for this service. For more information, visit Evolut's website (www.radmd.com) or call Evolut at 800-642-7543.
Podiatry Services	Referral required. Prosthetics/medical Supplies Authorization required for any single item with an allowable payment amount of \$500 or more.	Prior Authorization Request Form
Provider specialist services excluding psychiatric services	Referral required	
Pulmonary Rehabilitation Services	Referral required	
Reconstructive and Restorative Surgeries: <ul style="list-style-type: none"> Chest procedures Eye procedures Gynecomastia Surgery Nasal procedures 	Authorization required	Prior Authorization Request Form
Skin procedures (including panniculectomy and removal of excess skin)	Authorization required	Reconstructive & Restorative Skin Services Prior Request Form
Reduction Mammoplasty	Authorization required	Breast Surgery Prior Authorization Request Form
Shoulder Surgeries	Referral required	Hip/Knee/Shoulder Surgeries (HKSS) prior authorization policy
Sinus Surgeries	Authorization required	Sinus Surgeries Prior Authorization Request Form
Speech Therapy Services — Outpatient	Referral required	
Sleep Studies	Authorization required	Sleep Studies prior authorization policy
Spine Services: <ul style="list-style-type: none"> Lumbar Spine Surgery 	Authorization required	Refer to the Evolut website (www.radmd.com) or call Evolut at 800-642-7543.

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<ul style="list-style-type: none"> Interventional Spine Pain Management Services Cervical Spine Surgery (Eff. 1.1.19) 		
Transgender Health Services	Authorization required	
Urinary Incontinence Surgeries	Authorization required	Urinary Incontinence Surgeries Prior Authorization Request Form
Varicose Vein	Authorization required for certain interventional treatments for varicose veins.	Prior Authorization Request Form

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